

# EXHIBIT H

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

In re Terrorist Attacks on September 11, 2001	03-md-1570 (GBD)(SN)
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This document relates to:

*BNY Mellon, et al. v. Islamic Republic of Iran*, No. 1:19-cv-11767 (GBD) (SN)

**DECLARATION OF FAMILIAL RELATIONSHIP**

I, Jesse Kemp, declare under penalty of perjury, as provided for by 28 U.S.C. § 1746, that the following statements are true and correct:

1. My name is Jesse Kemp, and I am the step-daughter of Timothy Haviland<sup>1</sup> (“Timothy”) who died on September 11, 2001 (“9/11”) when the World Trade Center collapsed. I submit this Declaration to demonstrate I am the functional equivalent of Timothy’s daughter.

2. In 1997, Timothy came into my life when he started dating my mother. I was 8 years old at the time. A few months later, when Timothy started a job at the World Trade Center, he moved into our home and we became a family. Shortly after, Timothy and my mother bought a home together. In late 1998, Timothy and my mother got engaged and, in August 1999, they got married. I remember going to the courthouse with my brother to see the ceremony.

3. Timothy supported our family and took care of us. In addition to financial support, he treated me like his daughter, both emotionally and socially, and made our family whole. Timothy was a true family man. He cooked family dinners, drove us to school, came with us on field trips, took us to the movies, took us bowling and to play miniature golf, organized family board game nights, and took us on trips to Eisenhower Park and to the beach.

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<sup>1</sup> Timothy did not have any biological children.

4. Timothy strongly believed in education and helped me with my homework and made sure I did well in school. He was a voracious reader and loved taking me to the bookstore to read and pick out new books.

5. One of my fondest memories is when Timothy taught me how to roller skate. Timothy loved the outdoors, and we frequently went on walks and rode our bikes. He was also very handy and taught me crafting and pottery. I remember when we made plates and bowls that we eventually ate out of. We had so many wonderful times together and looked forward to spending more time and creating more memories together.

6. There is no doubt that I was Timothy's family. We visited Timothy's parents, brothers, and sisters, and each year (including several years after 9/11) his parents sent my brother and I Christmas gifts. His family knew how much we meant to Timothy. My family spent every holiday with Timothy and our extended family (e.g., aunts, uncles, cousins), and we decorated the Christmas tree as a family every year.

7. Timothy and I had a special bond and were very close. Timothy made it known to others that I was his daughter, and I referred to him as my father. He gave advice (and, of course, discipline) like any loving father. My biological father and I were not close and he did not play an important role in my life. After my parents divorced, I saw my biological father only sporadically. Timothy filled that void and was the father figure in my life. It meant so much to me that he was always present and made sure I felt important and taken care of.

8. In fact, my brother and I received workers' compensation, social security benefits, and funds from the September 11<sup>th</sup> Victim Compensation Fund. *See* Exhibit 1. Additionally, my sister and I were claimed dependents on Timothy's tax returns. *See* Exhibit 2.

9. 9/11 ripped our family apart. I will never forget that horrible day. My school announced that a plane crashed into the World Trade Center and my aunt picked me up from school and told me that Timothy was in the building. My uncle was a firefighter who was also at the World Trade Center. My whole family came to my house and we waited anxiously to hear news about Timothy and my uncle.

10. We did everything we could to find Timothy and my uncle. We filed missing persons reports, drove to the train station every day for weeks hoping they would be there, and called hospitals to see if there were any patients with their names. We did not want to believe that they left this world so suddenly and unexpectedly, but we eventually had to accept the terrible truth that they were really gone. Following the death of Timothy and my uncle, I had a difficult time processing their passing.

11. When I woke up on 9/11, I never imagined I would never see Timothy again. I feel his loss every day and share fond memories of him.

12. Timothy and I had a very close relationship and considered each other to be father and daughter in every way. Accordingly, I should be deemed the functional equivalent of his daughter.

Executed on: 10/16/21

Name (Signature): Jesse Kemp

Name (Print): Jesse Kemp

# **EXHIBIT 1**



**U.S. Department of Justice**  
**September 11<sup>th</sup> Victim Compensation Fund**

P.O. Box 18698  
Washington, D.C. 20036-8698

December 26, 2002

AMY L. HAVILAND

[REDACTED]  
OCEANSIDE, NY [REDACTED]  
USA

Dear AMY L. HAVILAND:

This letter acknowledges receipt of your decision to accept the presumed award amount of **\$1,235,905.92**. Your decision was received on December 24, 2002 and has been added to your claim file.

Claim No.: [REDACTED]

Victim Name: TIMOTHY AARON HAVILAND

Please retain your claim number for future reference. You will need to provide this number in any future correspondence and for future inquiries.

If you have any questions regarding your application, please feel free to call the toll-free Help Line at 1-888-714-3385, 1-888-560-0844 for the hearing impaired (TDD); from outside the United States, please call collect at 212-625-1645.

Every effort will be made to respond to your application and/or inquiries as soon as possible.

Sincerely,  
September 11th Victim Compensation Fund





U.S. Department of Justice

Victim Compensation Fund

P.O. Box 18698  
Washington, D.C. 20036-8698

May 6, 2003

AMY L. HAVILAND

OCEANSIDE, NY

Dear AMY L. HAVILAND:

As you requested, here is a breakdown of the offsets included in calculating your award. These offsets consist of \$168,196.20 to the Estate, \$277,550.82 to Amy Haviland, \$59,763.53 to Nicholas Kemp, and \$104,857.53 to Jessica Kemp. The breakdown is the following:

- Past Social Security to Amy Haviland of \$4,156.40.
- Past and Future Social Security to Nicholas Kemp of \$44,949.67.
- Past and Future Social Security to Jessica Kemp of \$73,094.67.
- Past Workers Compensation to Amy Haviland of \$8,391.43.
- Past and Future Workers Compensation to Nicholas Kemp of \$14,813.86.
- Past and Future Workers Compensation to Jessica Kemp of \$31,762.86.
- Marsh Payment - Three Months' Base Pay to Estate of \$18,327.
- Marsh Payment - Supplemental Death Benefit to Estate of \$3,000.
- Marsh Payment - Special Death Benefit from Employer to Amy Haviland of \$5,000.
- Life Insurance Paid to the Estate of \$147,000 less premiums of \$130.80.
- Life Insurance Paid to Amy Haviland of \$260,024.59 less premiums of \$21.60.

I hope this information satisfies your request. Please contact me at (703) 741-2272 if you have any questions.

Sincerely,

Jessie Margolis  
Adjudicator  
Victim Compensation Fund



**U.S. Department of Justice**  
**September 11<sup>th</sup> Victim Compensation Fund**

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P.O. Box 18698  
Washington, D.C. 20036-8698

disclaimer required by state law.

- Finally, the Special Master has authority to re-allocate the distribution where necessary to appropriately compensate the victim's spouse, children, or other relatives.





**U.S. Department of Justice**  
**September 11<sup>th</sup> Victim Compensation Fund**

OMB NO.: 1105-0079

EXPIRATION DATE: 6/30/2003

P.O. Box 18698  
 Washington, DC 20036-8698

**Paperwork Reduction Act Notice**

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete the form is 30 minutes. A survey contact person will call each agency to answer questions and to facilitate getting the information in an effort to make the response reasonable, easier to complete, and less time-consuming. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Victim Compensation Fund, P.O. Box 18698, Washington, D.C. 20036-8698.

**Authorization For Release of Information**

**I Authorize** the U.S. Department of Justice to obtain any information relating to my application for representative payee under the September 11<sup>th</sup> Victim Compensation Fund of 2001 (Compensation Fund) from individuals or other sources having information relating to my application for representative payee.

**I Further Authorize** the U.S. Department of Justice to disclose any records or information relating to my application for representative payee to agency contractors assisting in the administration of the Compensation Fund; other federal, state, or local agencies; and other individuals or entities having information related my application for representative payee.

**I Further Authorize** the U.S. Department of Justice to publish the name of the person who has filed this application and the name of the minor to whom it relates.

**I Further Authorize** the release of information relating to my application for representative payee where such information indicates a violation or potential violation of law, including submission of fraudulent claims, to any civil or criminal law enforcement authority or other appropriate agency charged with responsibility of investigating or prosecuting such a violation.

**I Further Authorize** individuals having information pertinent to my application for representative payee to release such information to a duly accredited representative of the Department of Justice during the review of my application for representative payee to the Compensation Fund, regardless of any previous agreement to the contrary. Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon my written termination whichever is sooner.

Amy L. Haviland  
 Name (please print first, middle and last)

Amy L. Haviland  
 Signature

5/6/03  
 Date

# **EXHIBIT 2**

Form <b>1040</b>		Department of the Treasury — Internal Revenue Service		1999																																										
U.S. Individual Income Tax Return				(99) IRS use only — Do not write or staple in this space.																																										
For the year Jan 1-Dec 31, 1999, or other tax year beginning _____, 1999, ending _____																																														
OMB No. 1545-0074																																														
<b>Label</b> (See instructions.)  <b>Use the IRS label.</b> Otherwise, please print or type.  <b>Presidential Election Campaign</b> (See instructions.)	Your First Name <b>Timothy A</b>		MI <b>Haviland</b>	Last Name <b>Haviland</b>																																										
	If a Joint Return, Spouse's First Name <b>Amy</b>		MI <b>Haviland</b>	Last Name <b>Haviland</b>																																										
	Home Address (number and street). If You Have a P.O. Box, See Instructions. <b>[REDACTED]</b>				Apartment No. <b>[REDACTED]</b>																																									
	City, Town or Post Office. If You Have a Foreign Address, See Instructions. <b>Oceanside</b>				State <b>NY</b>																																									
				ZIP Code <b>[REDACTED]</b>																																										
Do you want \$3 to go to this fund? ..... If a joint return, does your spouse want \$3 to go to this fund? .....				<b>Important!</b> You must enter your social security number(s) above. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> </tr> <tr> <td></td> <td></td> </tr> </table> Note: Checking "Yes" will not change your tax or reduce your refund.		Yes	No																																							
Yes	No																																													
<b>Filing Status</b>  Check only one box.	1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing joint return (even if only one had income) 3 <input type="checkbox"/> Married filing separate return. Enter spouse's SSN above & full name here ... 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ... 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died > 19 ). (See instructions.)																																													
	<b>Exemptions</b> 6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a b <input checked="" type="checkbox"/> Spouse c Dependents: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instructions)</th> <th>No. of boxes checked on 6a and 6b</th> </tr> </thead> <tbody> <tr> <td>Nicholas</td> <td></td> <td>[REDACTED]</td> <td>Child</td> <td><input checked="" type="checkbox"/></td> <td rowspan="2">2</td> </tr> <tr> <td>Jessica</td> <td></td> <td>[REDACTED]</td> <td>Child</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="5"></td> <td>No. of your children on 6c who: a lived with you</td> </tr> <tr> <td colspan="5"></td> <td>b did not live with you due to divorce or separation (see instructions)</td> </tr> <tr> <td colspan="5"></td> <td>Dependents on 6c not entered above</td> </tr> <tr> <td colspan="5"></td> <td>Add numbers entered on lines above</td> </tr> </tbody> </table> d Total number of exemptions claimed ..... 4					(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instructions)	No. of boxes checked on 6a and 6b	Nicholas		[REDACTED]	Child	<input checked="" type="checkbox"/>	2	Jessica		[REDACTED]	Child	<input checked="" type="checkbox"/>						No. of your children on 6c who: a lived with you						b did not live with you due to divorce or separation (see instructions)						Dependents on 6c not entered above						Add numbers entered on lines above
	(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instructions)	No. of boxes checked on 6a and 6b																																								
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	Jessica		[REDACTED]	Child	<input checked="" type="checkbox"/>																																									
					No. of your children on 6c who: a lived with you																																									
					b did not live with you due to divorce or separation (see instructions)																																									
					Dependents on 6c not entered above																																									
					Add numbers entered on lines above																																									
<b>Income</b> Attach Copy B of your Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see instructions.																																														
7 Wages, salaries, tips, etc. Attach Form(s) W-2 ..... 7 62,614. 8a Taxable interest. Attach Schedule B if required ..... 8a 30. b Tax-exempt interest. Do not include on line 8a ..... 8b 9 Ordinary dividends. Attach Schedule B if required ..... 9 2. 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) ..... 10 0. 11 Alimony received ..... 11 12 Business income or (loss). Attach Schedule C or C-EZ ..... 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ..... 13 14 Other gains or (losses). Attach Form 4797 ..... 14 15a Total IRA distributions ..... 15a b Taxable amount (see instrs) ..... 15b 16a Total pensions & annuities ..... 16a 31,189. b Taxable amount (see instrs) ..... 16b 10,545. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E ..... 17 18 Farm income or (loss). Attach Schedule F ..... 18 19 Unemployment compensation ..... 19 1,040. 20a Social security benefits ..... 20a b Taxable amount (see instrs) ..... 20b 21 Other income. List type & amount (see instrs) ..... 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ..... 22 74,231.																																														
<b>Adjusted Gross Income</b> 23 IRA deduction (see instructions) ..... 23 24 Student loan interest deduction (see instructions) ..... 24 25 Medical savings account deduction. Attach Form 8853 ..... 25 26 Moving expenses. Attach Form 3903 ..... 26 27 One-half of self-employment tax. Attach Schedule SE ..... 27 28 Self-employed health insurance deduction (see instructions) ..... 28 29 Keogh and self-employed SEP and SIMPLE plans ..... 29 30 Penalty on early withdrawal of savings ..... 30 31a Alimony paid b Recipient's SSN ..... 31a 32 Add lines 23 through 31a ..... 32 33 Subtract line 32 from line 22. This is your adjusted gross income ..... 33 74,231.																																														

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040 (1999)



Department of the Treasury — Internal Revenue Service

**Form 1040 U.S. Individual Income Tax Return 2000** (99) IRS use only — Do not write or staple in this space.

For the year Jan 1-Dec 31, 2000, or other tax year beginning , 2000, ending , 20 OMB No. 1545-0074

**Label** (See instructions.) Your First Name MI Last Name Your Social Security Number  
 Timothy A Haviland

**Use the IRS label.** Otherwise, please print or type. If a Joint Return, Spouse's First Name MI Last Name Spouse's Social Security Number  
 Amy Haviland

Home Address (number and street). If You Have a P.O. Box, See Instructions. Apartment No.  
 City, Town or Post Office. If You Have a Foreign Address, See Instructions. State ZIP Code  
 Oceanside NY

**Presidential Election Campaign** (See instructions.) **Note:** Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You ☐ Yes ☐ No Spouse ☐ Yes ☐ No

**Filing Status** 1 ☐ Single  
 2 ☒ Married filing joint return (even if only one had income)  
 3 ☐ Married filing separate return. Enter spouse's SSN above & full name here  
 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here  
 5 ☐ Qualifying widow(er) with dependent child (year spouse died ) (See instructions.)

**Exemptions** 6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a No. of boxes checked on 6a and 6b 2  
 b ☒ Spouse No. of your children on 6c who:  
 c Dependents: (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if qualifying child for child tax credit (see instructions)  
 (1) First name Last name  
 Nicholas Son  
 Jessica Daughter  
 Dependents on 6c not entered above  
 Add numbers entered on lines above 4  
 d Total number of exemptions claimed 4

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 66,740.  
 8a Taxable interest. Attach Schedule B if required 139.  
 b Tax-exempt interest. Do not include on line 8a 8b  
 9 Ordinary dividends. Attach Schedule B if required 67.  
 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 0.  
 11 Alimony received  
 12 Business income or (loss). Attach Schedule C or C-EZ  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 1,543.  
 14 Other gains or (losses). Attach Form 4797  
 15a Total IRA distributions 15a b Taxable amount (see instrs) 15b  
 16a Total pensions & annuities 16a b Taxable amount (see instrs) 16b  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  
 18 Farm income or (loss). Attach Schedule F  
 19 Unemployment compensation  
 20a Social security benefits 20a 6,230. b Taxable amount (see instrs) 20b 5,296.  
 21 Other income. List type & amount (see instrs)  
 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 73,785.

**Adjusted Gross Income** 23 IRA deduction (see instructions) 23  
 24 Student loan interest deduction (see instructions) 24  
 25 Medical savings account deduction. Attach Form 8853 25  
 26 Moving expenses. Attach Form 3903 26  
 27 One-half of self-employment tax. Attach Schedule SE 27  
 28 Self-employed health insurance deduction (see instructions) 28  
 29 Self-employed SEP, SIMPLE, and qualified plans 29  
 30 Penalty on early withdrawal of savings 30  
 31a Alimony paid b Recipient's SSN 31a  
 32 Add lines 23 through 31a 32 73,785.  
 33 Subtract line 32 from line 22. This is your adjusted gross income 33

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.  
 If you did not get a W-2, see instructions.  
 Enclose, but do not attach, any payment. Also, please use Form 1040-V.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions. Form 1040 (2000)

U.S. Individual Income Tax Return 2001

(99) IRS use only — Do not write or staple in this space

For the year Jan 1 - Dec 31, 2001, or other tax year beginning , 2001, ending , 20		OMB No. 1545-0074
Your First Name Timothy	MI Last Name Haviland	Your Social Security Number [REDACTED]
If a Joint Return, Spouse's First Name Amy	MI Last Name Haviland	Spouse's Social Security Number [REDACTED]
Home Address (number and street). If You Have a P.O. Box, See Instructions. [REDACTED]		Apartment No. [REDACTED]
City, Town or Post Office. If You Have a Foreign Address, See Instructions. Oceanside		State ZIP Code NY [REDACTED]

**▲ Important! ▲**  
 You must enter your social security number(s) above.

**Note:** Checking 'Yes' will not change your tax or reduce your refund.  
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You      Spouse  
Yes    No    Yes    No

1	<input type="checkbox"/> Single	Yes	No	Yes	No
2	<input checked="" type="checkbox"/> Married filing joint return (even if only one had income)				
3	<input type="checkbox"/> Married filing separate return. Enter spouse's SSN above & full name here ...				
4	<input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ...				
5	<input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ...). (See instructions.)				

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a

b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instructions)
Jessica M	Kemp	[REDACTED]	Daughter	<input checked="" type="checkbox"/>
Nicholas S	Kemp	[REDACTED]	Son	<input checked="" type="checkbox"/>

d Total number of exemptions claimed

7. Wages, salaries, tips, etc.

		lines above	4
7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	57,175.
8a	Taxable interest. Attach Schedule B if required	8a	293.
b	Tax-exempt interest. Do not include on line 8a	8b	
9	Ordinary dividends. Attach Schedule B if required	9	130.
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	1,561.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	13	
14	Other gains or (losses). Attach Form 4797	14	
5a	Total IRA distributions	15a	
b	Taxable amount (see instrs)	15b	
6a	Total pensions & annuities	16a	
b	Taxable amount (see instrs)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	9,531.
b	Taxable amount (see instrs)	20b	8,101.
21	Other income TAXPAYER DIED AT WTC	21	27,434.
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	94,694.

<b>3</b>	IRA deduction (see instructions) . . . . .	23			
<b>4</b>	Student loan interest deduction (see instructions) . . . . .	24			
<b>5</b>	Archer MSA deduction. Attach Form 8853 . . . . .	25			
<b>6</b>	Moving expenses. Attach Form 3903 . . . . .	26			
<b>7</b>	One-half of self-employment tax. Attach Schedule SE . . . . .	27			
<b>8</b>	Self-employed health insurance deduction (see instructions) . . . . .	28			
<b>9</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	29			
<b>10</b>	Penalty on early withdrawal of savings . . . . .	30			
<b>11 a</b>	Alimony paid b Recipient's SSN . . . . . ▶	31 a			
<b>12</b>	Add lines 23 through 31a . . . . .	32			
<b>13</b>	Subtract line 32 from line 22. This is your adjusted gross income . . . . . ▶	33			94,694